



The difficult we do immediately.
The impossible takes a little longer.
What I am not able to do today,
I will finish tomorrow.
The attitude of our company is, there
is no job that we can't do or won't do.

APPLICATION FOR EMPLOYMENT WITH HEITKAMP CONST. CO., INC.
7938 178th Ave. SE - Wahpeton, ND 58074 (701) 642-5948 Fax: (701) 642-1324

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON RELATED MEDICAL CONDITION OR HANDICAP.
- We are an equal opportunity employer -

(PLEASE PRINT)

DATE OF APPLICATION \_\_\_\_\_

POSITION(S) APPLIED FOR \_\_\_\_\_

REFERRAL SOURCE: [ ] ADVERTISEMENT [ ] FRIEND [ ] RELATIVE [ ] WALK-IN
[ ] EMPLOYMENT AGENCY [ ] OTHER \_\_\_\_\_

NAME \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_
ADDRESS \_\_\_\_\_ NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_
TELEPHONE ( ) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OLD? [ ] YES [ ] NO
DO YOU HAVE A DRIVERS LISCENSE? [ ] YES [ ] NO
DO YOU HAVE YOUR OWN TRANSPORTATION TO AND FROM WORK? [ ] YES [ ] NO
HAVE YOU FILED AN APPLICATION HERE BEFORE? [ ] YES [ ] NO IF YES, GIVE DATE \_\_\_\_\_
ARE YOU EMPLOYED NOW? [ ] YES [ ] NO
MAY WE CONTACT YOUR PRESENT EMPLOYER? [ ] YES [ ] NO
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? [ ] YES [ ] NO
(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS MAY BE REQUIRED UPON EMPLOYMENT.)

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? \_\_\_\_\_

ARE YOU AVAILABLE TO WORK [ ] FULL TIME [ ] PART TIME [ ] SHIFT WORK
[ ] TEMPORARY

ARE YOU ON A LAY-OFF AND SUBJECT TO RECALL? [ ] YES [ ] NO

CAN YOU TRAVEL IF A JOB REQUIRED IT? [ ] YES [ ] NO

DO YOU SMOKE? [ ] YES [ ] NO

HAVE YOU EVER HAD A D.W.I.? [ ] YES [ ] NO

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? [ ] YES [ ] NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

- ARE YOU SCARED OF HEIGHTS?  YES  NO
- HAVE YOU HAD ANY PREVIOUS BACK INJURIES?  YES  NO
- CAN YOU FOLLOW ALL SAFETY RULES & REGULATIONS?  YES  NO

## EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. EXCLUDE ORGANIZATION NAMES WHICH INDICATE RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN.

1	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	ADDRESS	FROM	TO	
	JOB TITLE	HOURLY RATE/SALARY		
	SUPERVISOR	FROM	TO	
	REASON FOR LEAVING			
2	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	ADDRESS	FROM	TO	
	JOB TITLE	HOURLY RATE/SALARY		
	SUPERVISOR	FROM	TO	
	REASON FOR LEAVING			
3	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	ADDRESS	FROM	TO	
	JOB TITLE	HOURLY RATE/SALARY		
	SUPERVISOR	FROM	TO	
	REASON FOR LEAVING			
4	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	ADDRESS	FROM	TO	
	JOB TITLE	HOURLY RATE/SALARY		
	SUPERVISOR	FROM	TO	
	REASON FOR LEAVING			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

### SPECIAL SKILLS AND QUALIFICATIONS

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

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ARE YOU A VETERAN OF THE U.S. MILITARY SERVICE?

YES  NO

IF YES, BRANCH \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL, MENTAL, OR MEDICAL IMPAIRMENT OR DISABILITY THAT WOULD LIMIT YOUR JOB PERFORMANCE FOR THE POSITION FOR WHICH YOU ARE APPLYING?

YES  NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

ARE THERE WORKPLACE ACCOMMODATIONS WHICH WOULD ASSURE BETTER JOB PLACEMENT AND/OR ENABLE YOU TO PERFORM YOUR JOB TO YOUR MAXIMUM CAPABILITY?

YES  NO

IF YES, PLEASE INDICATE \_\_\_\_\_

INDICATE WHAT FOREIGN LANGUAGES YOU SPEAK, READ, AND/OR WRITE.

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.  
(EXCLUDE THOSE WHICH INDICATE RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN)

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GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

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**SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS.**

GOVERNMENT CONTRACTORS ARE SUBJECT TO SECTION 402 OF THE VIETNAM ERA VETERANS READJUSTMENT ACT OF 1974 WHICH REQUIRES THAT THEY TAKE AFFIRMATIVE ACTION TO EMPLOY AND ADVANCE IN EMPLOYMENT QUALIFIED DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA, AND SECTION 503 OF THE REHABILITATION ACT OF 1973, AS AMENDED, WHICH REQUIRES GOVERNMENT CONTRACTORS TO TAKE AFFIRMATIVE ACTION TO EMPLOY AND ADVANCE IN EMPLOYMENT QUALIFIED HANDICAPPED INDIVIDUALS.

IF YOU ARE A DISABLED VETERAN, OR HAVE A PHYSICAL OR MENTAL HANDICAP, YOU ARE INVITED TO VOLUNTEER THIS INFORMATION. THE PURPOSE IS TO PROVIDE INFORMATION REGARDING PROPER PLACEMENT AND APPROPRIATE ACCOMMODATION TO ENABLE YOU TO PERFORM THE JOB IN A PROPER AND SAFE MANNER. THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL. FAILURE TO PROVIDE THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT.

IF YOU WISH TO BE IDENTIFIED, PLEASE SIGN BELOW.

HANDICAPPED INDIVIDUAL

DISABLED VETERAN

VIETNAM ERA VETERAN

SIGNED \_\_\_\_\_

## EDUCATION

	ELEMENTARY					HIGH				COLLEGE/UNIV.				GRADUATE PROFESSIONAL			
SCHOOL NAME																	
YEARS COMPLETED:	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
DIPLOMA/DEGREE																	
DESCRIBE COURSE OF STUDY:																	
DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRA-CURRICULAR ACTIVITIES.																	

HONORS RECEIVED:

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

### AGREEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I UNDERSTAND THAT THIS APPLICATION IS NOT AND IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GEVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

### FOR PERSONNEL DEPARTMENT USE ONLY

ARRANGE INTERVIEW  YES  NO

REMARKS \_\_\_\_\_  
 \_\_\_\_\_

EMPLOYED  YES  NO

DATE OF EMPLOYMENT \_\_\_\_\_

JOB TITLE \_\_\_\_\_ HOURLY RATE/SALARY \_\_\_\_\_

BY \_\_\_\_\_